749366

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Do	cument Number)	·			
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SEGRETARY OF STATE

R.A

TBrOWN 8-11-11

COVER LETTER

TO:		nent Section of Corporations				
SUBJ	ECT:	First Congreç	gational Chui Name of C	ch of Zephy	yrhills, Inc.	
DOC	UMENT N	NUMBER:		749366		
The e	nclosed Sta	atement of Change o	f Registered Offic	e/Agent and fee	are submitted for f	iling.
Please	return all	correspondence con-	cerning this matte	r to the followin	ıg:	
			Mary Lafrine Name of Co	re, Secretary		-
		First Co	ngregational C Firm/C	nurch of Zephompany	nyrhills, FL	
7900 Fort King Road Address						
		10 % No. 20	Zephyrhills City/State a	, FL 33541 nd Zip Code	100 - 200 / 100 /	o Official o
			fcczh@ve			
		E-mail address:			eport notification)	
For fu	rther infor	mation concerning th	nis matter, please	call;		
	N	Ross E. Thomps lame of Contact Pers	on on	at (813 Area Coo) 446 le & Daytime Telep	5-3159 Dhone Number
Enclos	sed is a \$3:	5.00 check made pay	able to the Depar	tment of State.		
		Mailing Add Amendment Division of P.O. Box 67 Tallahassee	t Section Corporations 327	Ame Divis Clifte	t Address: ndment Section sion of Corporatio on Building Executive Center	

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Flori Inge is submitted for a corporation organized under the laws of the State		
	r to change its registered office or registered agent, or both, in the State		
1. The name of t	he corporation: First Congregational Church of Zephyr	hills, Inc.	
2. The principal	office address: 7900 Fort King Road, Zephyrhills, FL 33541		
	· · · · · · · · · · · · · · · · · · ·		
3. The mailing a	ddress (if different): P.O. Box 1626, Zephyrhills, FL 33539		
4. Date of incorp	poration/qualification: 10/17/1979 Document number:	749366	
	street address of the current registered agent and registered office on file tment of State: (If resigned, enter resigned)	e with the	
	RESIGNED		
		2	
		SECTION	·
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered	2011 AUG 10 1 SECRETARY CALLAHASSEE	
	Ross E. Thompson	PM IZ: 00 YOF STATE	C
	5815 Honeytree Drive	PATE DRID.	
	P.O. Box NOT acceptable Zephyrhills, FL 33541	1	
The street addre as changed will	ss of its registered office and the street address of the business office be identical.	of its registered agent,	
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by the board, or the corporation has been notified in writing of the change	y an officer so	
Way Signatur	Mary L. Lafrinere e of an officer log director Printed or typed name a	e, Secretary	
l further agree t of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity o comply with the provisions of all statutes relative to the proper and I am familiar with and accept the obligation of my position as regis ng filed merely to reflect a change in the registered office address, I help notified in writing of this change.		
MAM	08/05/20	11	
,	nature of Registered Agent Date		
It signing on bel	half of an entity:		
	OSS E. Thompson yped or Printed Name		

* * * FILING FEE: \$35.00 * * *